

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039839

5368

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED OCT 21 1963 149 Primary Registration District No. 1002 Registrar's No.

VS 300
Rev. 4/59

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23258

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9260X

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12 90-1

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Frank Paul Laurence Medical Certification

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP, only)

KANSAS CITY

Length of stay in lb

65 YRS.

c. FULL NAME OF (If NOT in hospital, give location)

1900 LINWOOD BLVD

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

1724 PROSPECT

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

JOSEPH L. COMSTOCK

4. DATE OF DEATH

10-1-63

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

☐ Never Married

☒ Widowed

☐ Divorced

8. DATE OF BIRTH

1-30-89

9. AGE (last birthday)

74 YRS

IF UNDER 1 YEAR

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BREWERY WORKER

10b. KIND OF BUSINESS OR INDUSTRY

LABOR

11. BIRTHPLACE (City and state or country)

HOWARD COUNTY MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ARAD COMSTOCK

13b. MOTHER'S MAIDEN NAME

MARGARET PERKINS

14. NAME OF HUSBAND OR WIFE

DECEASED -

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

NO

17. INFORMANT

A JOSEPH. L. COMSTOCK

Address

1724 PROSPECT

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH

2 days

DUE TO (b)

Chronic Myocarditis

5 years

DUE TO (c)

Diabetes Mellitus

8 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

8.16.63

to 10-1-63

and last saw her alive on 10-1-63

Death occurred at

7 45 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Frank Paul Laurence

(Degree or title)

22b. ADDRESS

428 S. White Ave

22c. DATE SIGNED

10-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

10-4-63

23c. NAME OF CEMETERY OR CREMATORY

FLORAL HILLS CEM

23d. LOCATION (City, town, or county)

KANSAS CITY MO.

24. FUNERAL DIRECTOR

H. TIGERMAN & SONS

ADDRESS

K.C. MO

25. DATE RECD. BY LOCAL REG.

10-4-63

26. REGISTRAR'S SIGNATURE

Beattie Smith

USE BLACK INK

OR

TYPEWRITER RIBBON

Pennington

JAN 22 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

K. Leroy Mooney

Licensed Embalmer No. _____

4776

P. O. Address _____

K.C. Mooney

-Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.